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<b>SERIAL NUMBER</b> 09/399,120	<b>FILING OR 371(c) DATE</b> 09/20/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 220952029300
<b>APPLICANTS</b> DESMOND MASCARENHAS, San Jose, CA;				
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <i>Rep</i>  7/5/07 </div> <div> <b>** CONTINUING DATA *****</b>   <b>** FOREIGN APPLICATIONS *****</b> </div> </div>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/07/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 17
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Ms. Beth Burrous Foley & Lardner Washington Harbour 3000 K Street N W Suite 500 Washington, DC20007-5109				
<b>TITLE</b> NULL IGF FOR THE TREATMENT OF CANCER				
<b>FILING FEE RECEIVED</b> 1701	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	